

APPLICATION FOR SUPPORT SERVICES

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SECTION I: IDENTIFYING INFORMATION

YOUR NAME (First, Middle, Last, Suffix)	<input type="checkbox"/> CUSTODIAL PARTY <input type="checkbox"/> NONCUSTODIAL PARENT
CHILD(REN)'S MOTHER'S NAME (First, Middle, Last, Suffix)	
CHILD(REN)'S FATHER'S NAME (First, Middle, Last, Suffix)	

SECTION II: CHILD(REN) OF THE PARENTS NAMED ABOVE

List the unmarried dependent child(ren) of the parents named above for whom you are requesting support services. If the mother is pregnant with the child of the father named above, list "UNBORN" as the child's name and the expected due date as the BIRTH DATE.

CHILD'S FULL NAME and ANY OTHER NAMES USED (include Nicknames) <i>First, Middle, Last, Suffix</i>	SEX	ETHNIC GROUP <small>See Instructions</small>	BIRTH DATE (MM/DD/CCYY)	SOCIAL SECURITY NUMBER	PLACE OF BIRTH (City, State & Country)
1.	<input type="checkbox"/> M <input type="checkbox"/> F				
Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
2.	<input type="checkbox"/> M <input type="checkbox"/> F				
Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
3.	<input type="checkbox"/> M <input type="checkbox"/> F				
Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
4.	<input type="checkbox"/> M <input type="checkbox"/> F				
Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
5.	<input type="checkbox"/> M <input type="checkbox"/> F				
Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
6.	<input type="checkbox"/> M <input type="checkbox"/> F				
Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
7.	<input type="checkbox"/> M <input type="checkbox"/> F				
Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					
8.	<input type="checkbox"/> M <input type="checkbox"/> F				
Is there a court order for support? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN					

If child(ren)'s address is different than yours, please complete the information below: (attach additional page if necessary)

CHILD'S LAST AND FIRST NAME
ADDRESS: Street, Apt. or Unit No.
City, State, Zip Code
CHILD'S LAST AND FIRST NAME
ADDRESS: Street, Apt. or Unit No.
City, State, Zip Code

SECTION III: COMPLETE THE FOLLOWING INFORMATION ABOUT THE CUSTODIAL PARTY

NOTE: The custodial party is the person or party who has primary custody of the children.

FULL NAME (First, Middle, Last)		RELATIONSHIP TO CHILDREN (Mother, Father, Grandparent, Aunt, Uncle, Cousin, Friend, etc.)	
MAIDEN NAME OR OTHER NAME(S) USED			
SOCIAL SECURITY NUMBER	BIRTH DATE (MM/DD/CCYY)	PLACE OF BIRTH (City, State & Country)	
ETHNIC GROUP <small>(see instructions)</small>	SEX Check one: <input type="checkbox"/> M <input type="checkbox"/> F	COLOR OF HAIR	COLOR OF EYES
WEIGHT	HBGHT	DRIVER'S LICENSE NO.	STATE
PRIMARY LANGUAGE SPOKEN IN HOME Check one: <input type="checkbox"/> ENGLISH <input type="checkbox"/> SPANISH <input type="checkbox"/> CHINESE <input type="checkbox"/> VIETNAMESE <input type="checkbox"/> CAMBODIAN <input type="checkbox"/> LAOTIAN <input type="checkbox"/> OTHER _____			
Can the Custodial Party read and understand English? Check one: <input type="checkbox"/> YES <input type="checkbox"/> NO			
HOME ADDRESS: Street, Apt. or Unit No.			
City, State, Zip Code		TELEPHONE NO. (include area code)	
MAILING ADDRESS: Street, Apt. or Unit No. or P.O. Box (if different from home address)			
City, State, Zip Code		MESSAGE TELEPHONE NO. (include area code)	

List other child(ren) of the custodial party different from children listed in Section II

FULL NAME (First, Middle, Last)	SEX	BIRTHDATE OR APPROXIMATE AGE
1.		
2.		
3.		

EMPLOYER	TELEPHONE NO. (include area code)	
ADDRESS: Street, Apt. or Unit No.		
City, State, Zip Code		
OCCUPATION/JOB TITLE	WAGES \$	PAID: <input type="checkbox"/> WEEKLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> SEMI-MONTHLY <input type="checkbox"/> MONTHLY
Is Health Insurance available for the child(ren) through this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
Is Dental Insurance available for the child(ren) through this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
Is Vision Insurance available for the child(ren) through this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		

If you answered **YES** to any of these questions, please complete the HEALTH INSURANCE INFORMATION (OCS 2111) form included in this package.

**** ATTACH A COPY OF YOUR MOST RECENT PAYCHECK STUB ONLY IF YOU ARE THE PARENT OF THE CHILD(REN) ****

Have the child(ren) ever received public assistance/welfare or Child Support Services in another State? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN			
If YES , complete the following: (Attach additional page(s) if needed.)			
STATE	COUNTY	DATES: (Month, Day, Year) From:	To:

SECTION IV: COMPLETE IF YOU ARE NOT THE MOTHER OR THE FATHER OF THE CHILDREN

CHILD(REN)'S MOTHER'S NAME (First, Middle, Last, Suffix)	YOUR RELATIONSHIP TO THE CHILD(REN)'S MOTHER
MOTHER'S MAIDEN NAME OR OTHER NAME(S) USED	
CHILD(REN)'S FATHER'S NAME (First, Middle, Last, Suffix)	YOUR RELATIONSHIP TO THE CHILD(REN)'S FATHER
FATHER'S OTHER NAME(S) USED	

SECTION V: INFORMATION ABOUT THE NONCUSTODIAL PARENT (Continued)

CURRENT EMPLOYER	TELEPHONE NO. (include area code)
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ADDRESS: *Street, Apt. or Unit No.**City, State, Zip Code*

OCCUPATION/JOB TITLE

Is Health Insurance available for the child(ren) through this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		If you answered YES to any of these questions, please complete the HEALTH INSURANCE INFORMATION (OCS 2111) form included in this package.
Is Dental Insurance available for the child(ren) through this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		
Is Vision Insurance available for the child(ren) through this employer? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN		

**** ATTACH A COPY OF YOUR MOST RECENT PAYCHECK STUB IF YOU ARE THE NONCUSTODIAL PARENT****

IF YOU ARE THE CUSTODIAL PARTY AND HAVE A COPY OF THE NONCUSTODIAL PARENT'S PAY STUB, PLEASE ATTACH IT.

UNION NAME	LOCAL NO.
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ADDRESS: *Street, Apt. or Unit No.**City, State, Zip Code*

IF SELF-EMPLOYED	NAME OF BUSINESS	TYPE OF BUSINESS
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PREVIOUS OR ADDITIONAL EMPLOYER	IF PREVIOUS EMPLOYER, DATES (Month, Year)
	FROM TO

ADDRESS: *Street, Apt. or Unit No.**City, State, Zip Code*

TELEPHONE NO. (include area code)

OCCUPATION/JOB TITLE	UNION NAME OR LOCAL NO.
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Does the noncustodial parent own a car, boat, motorcycle, trailer, etc? ☐ YES ☐ NO ☐ UNKNOWN If **YES**, complete the following:

VEHICLE TYPE	1	2	3	4
MAKE				
MODEL / YEAR				
COLOR				
LICENSE NO./STATE				

Does the noncustodial parent own any real estate? ☐ YES ☐ NO ☐ UNKNOWN If **YES**, complete the following:

LOCATION (City/State)	1	2
ADDRESS (Street, Apt. or Unit No.)		
TYPE (Residential, Commercial, etc.)		

Does the noncustodial parent have any bank accounts? ☐ YES ☐ NO ☐ UNKNOWN If **YES**, complete the following:

BANK/ CREDIT UNION	1	2	3	4
BRANCH				
ADDRESS				
ACCOUNT NO.				
TYPE OF ACCOUNT	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS	<input type="checkbox"/> CHECKING <input type="checkbox"/> SAVINGS

Does the noncustodial parent have any other financial assets, stocks, bonds, etc.? ☐ YES ☐ NO ☐ UNKNOWN If **YES**, complete the following:

LOCATION	1	2	3	4
TYPE				

SECTION VI: MARRIAGE & COURT ORDER INFORMATION

Were the mother and father of the child(ren) married to each other? ☐ YES ☐ NO ☐ UNKNOWN If **YES**, complete the following:

DATE OF MARRIAGE	DATE OF SEPARATION	DATE OF DIVORCE	DIVORCE CASE NO.
LOCATION OF MARRIAGE (City, County, State & Country)			

LOCATION OF DIVORCE (City, County, State & Country)

Is there a support order? ☐ YES ☐ NO ☐ UNKNOWN If **YES**, complete the following:

DATE ORDER FILED	COURT ORDER NO.
WHERE ORDER WAS FILED (City, County, State & Country)	

Has an order for paternity been established? ☐ YES ☐ NO ☐ UNKNOWN If **YES**, complete the following:

DATE ORDER FILED	COURT ORDER NO.
WHERE ORDER WAS FILED (City, County, State & Country)	

If you are not the mother or the father of the child(ren), is there a court order granting custody to you? ☐ YES ☐ NO ☐ UNKNOWN
If **YES**, complete the following:

DATE ORDER FILED	COURT ORDER NO.
WHERE ORDER WAS FILED (City, County, State & Country)	

CUSTODIAL PARTY'S ATTORNEY'S NAME	TELEPHONE NO. (include area code)
ADDRESS: Street, Apt. or Unit No.	
City, State, Zip Code	

NONCUSTODIAL PARENT'S ATTORNEY'S NAME	TELEPHONE NO. (include area code)
ADDRESS: Street, Apt. or Unit No.	
City, State, Zip Code	

SECTION VII: COMMENTS

PROVIDE ADDITIONAL COMMENTS/INFORMATION HERE

SECTION VIII (MUST BE COMPLETED)

Read carefully before signing below. Your signature is required in order for us to open a case for you.

I declare under penalty of perjury that the information I have provided on this application is true to the best of my knowledge and belief.

SIGNATURE OF APPLICANT

DATE: _____

FOR OFFICE USE ONLY

APPLICATION ID:	DATE MAILED:	DATE RECEIVED:
DATE REQUESTED:		